PRINTED: 04/01/2011

				46	Jet .	511511		APPROVED
Division of Health Care Facilities STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		COMPLE	(X3) DATE SURVEY COMPLETED		
TN1604			03/31/201			1/2011		
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, S		DDE		
395 INTER			RSTATE DRIVE STER, TN 37355					
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED STITUTE OF THE PRESENT OF			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLI			
N 000	An annual licensure survey and complaint investigation #'s 27281 and 27752 were completed on March 29-31, 2011, at Manchester Health Care Center. No deficiencies were cited related to complaint investigation #'s 27281 and 27752 under 1200-8-6, Standards for Nursing Homes.			N 000	This Plan of Correction affirms our allegation that Manchester Health Care is in substantial compliance with regulations and standards. This Plan of Correction has been respectfully developed as required for compliance with federal and state regulations.			
	11011100			*			\$ 1.44.19	4/6/11
N 425	(16)Each nursing home shall post whether they have liability insurance, the identity of their primary insurance carrier, and if self-insured, the corporate entity responsible for payment of any claims. It shall be posted on a sign no smaller than eleven inches (11") in width and seventeen inches (17") in height and displayed at the main public entrance.			N 425	N 425 Corrective action by the facility Administrator included displaying information regarding the facility's liability insurance carrier in the front lobby. This occurred on April 5, 2011. All residents have the potential to be affect by this practice. The Social Service Direct was inserviced by the facility Administrate on April 5, 2011 regarding this regulation, importance, and the potential to affect residents.			
	Based on observation failed to display infoliability insurance in required. The findings included Observation on Mathefacility public elimformation in regalinterview on March	arch 31, 2011, at 11:3 ntrance did not revea rds to their liability in 31, 2011, at 11:30	their rance, as 29 a.m., of al surer. a.m., with		others will Departmer regarding the facility in the lobb Administra As for mor practice do be comple through Fr	measures put into part into be affected by the measures were into the posting requiremental liability insurance by on April 6, 2011 lator. Initoring to ensure idduces not recur, walking ted by the Administricted by the Administricted by the remains posted in the measure in t	the practice; aserviced ment of having carrier posted by the dentified ng rounds will rator Monday iability	
	confirmed the infor	n the administrator's mation identifying th arrier was not displa	e facility's	10 mm and a 10 mile of the 10 mile o				

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

LYD711

Administrator

(X6) DATE

STATE FORM

If continuation sheet 1 of 3

04/12/2011 14:59

From:

PRINTED: 04/01/2011 FORM APPROVED

Division	of Health Care Faci	lities				Π	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		R/CLIA MBER:	(X2) MULTI A. BUILDIN B. WING _		(X3) DATE SURVEY COMPLETED		
		TN1604			27.475 7ID 00DF	03/3	1/2011
NAME OF P	ROVIDER OR SUPPLIER		1		STATE, ZIP CODE		
MANCHESTER HEALTH CARE CENTER 395 INTER: MANCHES			STATE DR STER, TN 3	7355			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
N 425	Continued From page 1			N 425	2		
a chald at the second	main public entrance, as required.						
N 430	1200-8-604(21) Administration (21)All health care facilities licensed pursuant to T.C.A. §68-11-201, et. seq. shall post on a sign no smaller than eight and one-half inches (8½") in width and eleven inches (11") in height the following in the main public entrance: (a) a statement that any person, regardless of age, who may be the victim of domestic violence may call the nationwide domestic violence hotline, with that number printed in boldface type, for immediate assistance.			N 430	N430 Corrective action by the facility Administrator included displaying information regarding domestic violence in the front lobby. This occurred on April 5, 2011. All residents have the potential to be affected by this practice. The Social Service Director was inserviced by the facility Administrator on April 5, 2011 regarding this regulation, its importance, and the potential to affect residents.		4/6/11
	This Rule is not met as evidenced by: Based on observation and interview the facility failed to post domestic violence statement and hotline contact information in the main public entrance, as required. The findings included: Observation on March 31, 2011, at 11:29 a.m., of the facility's main public entrance reveal domestic violence statement and hotline contact information not posted. Interview on March 31, 2011, at 11:30 a.m., with the administrator, in the administrator's office, confirmed the information for the domestic violence and hotline contact information was not displayed in the main public entrance, as required.				Regarding measures put into place others will not be affected by the p Department Managers were inserv regarding the domestic violence por requirement April 6, 2011 by the fadministrator As for monitoring to ensure identity practice does not recur, walking robe completed by the Administrator through Friday to ensure the dome violence information remains post lobby.	oractice; iced osting acility fied ounds will r Monday	

;

LYD711

PRINTED: 04/01/2011 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			R/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTI		IDENTIFICATION NUM	NTIFICATION NUMBER:		G	COMPLETED		
TN1604				B. WING _		03/3	03/31/2011	
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE			
MANCHE	STER HEALTH CAR	E CENTER	MANCHES	RSTATE DR STER, TN 3	7355			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	(X5) COMPLETE DATE		
N 505	Continued From page 2			N 505				
N 505	Transfers (3) Prior to the admission of a resident to a nursing home or prior to the execution of a contract for the care of a resident in a nursing home (whichever occurs first), each nursing home shall disclose in writing to the resident or to the resident 's guardian, conservator or representative, if any, whether the facility has liability insurance and the identity of the primary insurance carrier. If the facility is self-insured, their statement shall reflect that fact and indicate the corporate entity responsible for payment of any claims. This Rule is not met as evidenced by: Based on record review and interview the facility failed to disclose information of the facility's liability insurance carrier in writing to residents prior to admission. The findings included: Record review of the facility's admission packet failed to reveal information of the facility's liability insurance carrier.			N 505	N505 Corrective action by the facility Administrator included placing inf regarding the facility liability insu carrier in the Resident Admission This occurred on April 5, 2011.	4/6/11		
					All new residents have the potential affected by this practice. The Adn Director and Social Service Directinserviced by the facility Administ April 5, 2011 regarding this regulating importance, and the potential to affect the service of the potential to affect the poten	nissions tor was rator on tion, its		
The second secon					Regarding measures put into place others will not be affected by the p Department Managers were inserving regarding the requirement of having facility liability insurance carrier put the resident admission packet on A 2011 by the Administrator	ractice; iced ng the osted in pril 6,		
					As for monitoring to ensure identification practice does not recur, random and completed by the Administrator Methrough Friday to ensure the liabilitinsurance carrier information remains admission packet.	dits will be onday ty		
	Interview on March 31, 2011, at 11:30 a.m., with administrator, in the administrator's office confirmed the facility's liability insurance carriwas not disclosed to residents in writing prior admission.		office, carrier	5				
			,					